THE TRUTH BEHIND THE VACCINE COVER-UP

Medical experts who looked into Vaccine Safety Datalink research at a 2000 conference have kept quiet about the neurological damage caused by vaccines containing mercury, aluminium and other toxic adjuvants.

Part 2 of 2

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CONCLUSIONS BY THE STUDY GROUP

At the end of the conference ["Scientific Review of Vaccine Safety Datalink Information", June 7–8, 2000] a poll was taken, asking two questions: Do you think there is sufficient data to make a causal connection between the use of thimerosal-containing vaccines and neurodevelopmental delays? Do you think further study is called for, based on this study?

First, let us see some of the comments on the question of doing further studies. Dr Paul Stehr-Green, Associate Professor of Epidemiology at the University of Washington's School of Public Health and Community Medicine, who voted yes, gives this as his reason (page 180): "The implications are so profound, these should be examined further." Meanwhile, Dr Brent interjects his concern that the lawyers will get hold of this information and begin filing lawsuits. He says (page 191): "They want business and this could potentially be a lot of business."

Dr Loren Koller, pathologist and immunotoxicologist at the College of Veterinary Medicine, Oregon State University, is to be congratulated in that he recognises that more is involved in the vaccine's effects than just ethylmercury (page 192). He mentions aluminium and even the viral agents used as being other possibilities. This is especially important in the face of Dr R. K. Gherardi's identification of macrophagic myofasciitis, a condition causing profound weakness and multiple neurological syndromes, one of which closely resembles multiple sclerosis. Both human studies and animal studies have shown a strong causal relationship to the aluminium hydroxide or aluminium phosphate used as a vaccine adjuvant. More than 200 cases have been identified in European countries, and in the United States the syndrome has been described as an "emerging condition".

Here are some of the neurological problems seen with the use of aluminium hydroxide and aluminium phosphate in vaccines. In two children aged three and five, doctors at the All Children's Hospital in St Petersburg, Florida, described chronic intestinal pseudo-obstruction, urinary retention and other findings indicative of a generalised loss of autonomic nervous system function (diffuse dysautonomia). The three-year-old had developmental delay and hypotonia (loss of muscle tone). A biopsy of the children's vaccine injection site disclosed elevated aluminium levels.

In a study of some 92 patients suffering from this emerging syndrome, eight developed a full-blown demyelinating CNS disorder (multiple sclerosis) (Authier F.J., Cherin P. et al., "Central nervous system disease in patients with macrophagic myofasciitis", *Brain* 2001; 124:974-983). This included sensory and motor symptoms, visual loss, bladder dysfunction, cerebellar signs (loss of balance and coordination) and cognitive (thinking) and behavioural disorders.

Dr Gherardi, the French physician who first described the condition in 1998, has collected over 200 proven cases; in one third of these, the patients developed an autoimmune disease such as multiple sclerosis. Of critical importance is his finding that, even in the absence of obvious autoimmune disease, there is evidence of chronic immune stimulation caused by the injected aluminium—known to be a very powerful immune adjuvant.

The reason this is so important is that there is overwhelming evidence that chronic immune activation in the brain (activation of microglial cells in the brain) is a major cause of damage in numerous degenerative brain disorders, from multiple sclerosis to the classic neurodegenerative diseases (Alzheimer's disease, Parkinson's and ALS). In fact, I have presented evidence that chronic immune activation of CNS microglia is a major cause of autism, attention deficit disorder (ADD) and Gulf War syndrome.

Dr Gherardi emphasises that once the aluminium is injected into the muscle, the immune activation persists for years. In addition, we must consider the effect of the aluminium that travels to the brain itself. Numerous studies have shown harmful effects when aluminium accumulates in the brain. A growing amount of evidence points to high aluminium levels in the brain as a major contributor to Alzheimer's disease and possibly Parkinson's disease and ALS (Lou Gehrig's disease). This may also explain the 10X increase in Alzheimer's disease in those receiving the flu vaccine five years in a row (Dr Hugh Fudenberg, in press, *Journal of Clinical Investigation*). It is also interesting to note that a recent study found that aluminium phosphate produced 3X the blood level of aluminium, as did aluminium hydroxide (Flarend R.E., Hem S.L. et al., "*In vivo* absorption of aluminum-containing vaccine adjuvants using 26 Al", *Vaccine* 1997; 15:1314-1318).

Of course, in this conference, our illustrious experts tell us that there are "no data showing an additive or synergistic effect between mercury and aluminum".

Dr Isabelle Rapin expresses her concern over public opinion when this information eventually gets out. She says (page 197) that they are going to be captured by the public and had better make sure that "(a) we council [*sic*] them carefully and (b) that we pursue this because of the very important public health and public implications of the data". Dr Johnson adds that "the stakes are very high". From this, how can one conclude anything other than the fact that at least these scientists were extremely concerned about what was discovered by this study examining the Vaccine Safety Datalink material? They were obviously terrified that the information would leak out to the public. Stamped in bold letters at the top of each page of the study are the words "DO NOT COPY OR RELEASE" and "CONFIDENTIAL".

This is not the wording one would expect on a clinical study of vaccine safety; rather, you would expect it on top-secret NSA or CIA files. Why was this information being secreted? The answer is obvious: it might endanger the vaccine program and indict the federal regulatory agencies for ignoring this danger for so many years. Our society is littered with millions of children who have been harmed in one degree or another by this vaccine policy. In addition, let us not forget the millions of parents who have had to watch helplessly as their children have been destroyed by this devastating vaccine program.

Dr Roger Bernier says (page 198) that "the negative findings need to be pinned down and published", i.e., the findings that indicated no toxicity from mercury on the nervous system. Why was he so insistent that the "negative findings" be published? Because, he said, "other less responsible parties will treat this as a signal". By that, he means a signal of a problem with thimerosal-containing vaccines. From this, I assume he wants a paper that says only that nothing was found by the study. As we shall see, he gets his wish.

In addition, Dr Rapin notes (page 198) that a study in California found a 300X increase in autism following the introduction of certain vaccines. She quickly attributes this to better physician recognition. Two things are critical to note at this point. First, she makes this assertion about better physician recognition without any data at all, just her wishful thinking. If someone pointing out the dangers of vaccines were to do that, she would scream "Junk science!". Second, Dr Bill Weil attacks this reasoning when he says (page 207): "...the number of dose-related relationships are linear and statistically significant. You can play with this all you want. They are linear. They are statistically significant." In other words, how can you argue with results that show a strong dose/response relationship between the dose of mercury and neurodevelopmental outcomes? The higher the mercury levels in the children, the greater the number of neurological problems.

Dr Weil continues by saying that the increase in neurobehavioural problems is probably real. He tells them that he works in a school system with special education programs. He says (page 207): "I have to say the number of kids getting help in special education is growing nationally and state by state at a rate not seen before. So there is some kind of increase. We can argue about what it is due to."

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Dr Dick Johnson seems to be impressed by the findings as well. He says (page 199): "This association leads me to favor a recommendation that infants up to two years old not be immunized with thimerosal-containing vaccines if suitable alternative preparations are available." Incredibly, he quickly adds: "I do not believe the diagnosis justifies compensation in the Vaccine Compensation Program at this point." It is interesting to note that one of our experts in attendance is Dr Vito Caserta, the chief officer for the Vaccine Injury Compensation Program.

Hypocrisy and bogus claims

At this point, Dr Johnson tells the group of his concerns for his own grandchild. He says (page 200): "Forgive this personal comment, but I got called out at eight o'clock for an emergency call and my daughter-in-law delivered a son by C-section. Our first male in the line of the next generation and I do not want that grandson to get a Thimerosal-containing vaccine until we know better what is going on. It will probably take a long time. In the meantime, and I know there are probably implications for this internationally, but in the meanwhile I think I want that grandson to only be given Thimerosal-free vaccines."

So, we have a scientist sitting on this panel which will eventually make policy concerning all of the children in this country, as well as other countries, who is terrified about his new grandson getting a thimerosal-containing vaccine—but he is not concerned enough about *your* child to speak out and try to stop this insanity. He allows a cover-up to take place after this meeting adjourns, and he remains silent.

It is also interesting to note that Dr Johnson feels the answers will be a long time coming, but in the meantime his grandson will be protected. The American Academy of Pediatrics, the American Academy of Family Physicians, the AMA, CDC and

every other organisation will endorse these vaccines and proclaim them to be as safe as spring water, but Dr Johnson and some of the others will keep their silence.

It is only during the last day of the conference that we learn that most of the objections concerning the positive relationship between thimerosal-containing vaccines and ADD and ADHD are bogus. For example, Dr Rapin notes (page 200) that all children in the study were below age six and that ADD and ADHD are very difficult to diagnose in pre-schoolers. She also notes that some children were followed for only a short period.

Dr Marty Stein adds that, in fact, the average age for diagnosis of ADHD is four years and one month—a very difficult diagnosis to make—and that the guidelines published by the American Academy of Pediatrics limits diagnosis to six- to 12-year-olds. Of course, he is implying that too many were diagnosed as having ADHD. Yet recent research found that the famous Denmark study* that led to the announcement by the Institute of Medicine that there was no relationship between autism and the MMR vaccine used the same tactic: they cut off the age of follow-up at age six (*Madsen K.M., Hviid A.,Vestergaard M. et al., "A population-based study of measles, mumps and rubella vaccinations and autism", *New Eng. J. Med*. 2002; 347:1477-1482). It is known that, especially with ADD and ADHD, many cases appear *after* this age group. In fact, most learning problems appear as the child is called on to handle more involved intellectual material. Therefore, the chances are that the study's authors failed to diagnose a number of cases by stopping the study too early.

Brain development and neurological effects

Several of the participants try to imply that autism is a genetic disorder and therefore could have nothing to do with vaccines. Dr Weil puts that to rest with this comment: "We don't see that kind of genetic change in 30 years." In other words, how can we suddenly see a 300% increase in a genetically related disorder over such a short period? It is also known that there are two forms of autism: one that is apparent at birth, and one that develops later in childhood. The former has not changed in incidence since statistics have been kept; the other is epidemic.

One interesting exchange, which ends up being their justification for the view that mercury is of no danger in children vaccinated with vaccines containing thimerosal, involves two studies in children born to mothers consuming high intakes of mercury-contaminated fish. One study, reported in the journal *Neurotoxicology*, examined children living in the Republic of Seychelles. The authors examined the effect of prenatal exposure to mercury through the mother's consumption of fish high in methylmercury. A battery of developmental milestone tests were done and no adverse effects were reported in the study done by Dr Tom Clarkson (and co-workers), the very same person at this conference. He never mentions that a follow-up study of these same children did find a positive correlation between methylmercury exposure and poor performance in a memory test. In a subsequent study of Faroe Islands children exposed to methylmercury, researchers did find impairments of neurodevelopment. This experiment was done by scientists from Japan.

Throughout the remainder of this discussion, Dr Clarkson and others refer to these two studies. When they are reminded that the Faroe study did find neurological injury to the children, they counter by saying that this was prenatal exposure to mercury—not exposure after birth, as would be seen with vaccinations—the idea being that prenatally the brain is undergoing neural formation and development, making it more vulnerable. As I have mentioned, this rapid brain growth and development continues for two years after birth; even at age six years, the brain is only 80% formed.

Dr Clarkson keeps referring to the Seychelles study, which demonstrated that the children reached normal neurodevelopmental milestones as shown by a number of tests. Dr Weil points out (page 216) that this tells us little about these children's future brain function. He says: "I have taken a lot of histories of kids who are in trouble in school. The history is that developmental milestones were normal or advanced and they can't read at second grade, they can't write at third grade, they can't do math in the fourth grade and it has no relationship as far as I can tell to the history we get of the developmental milestones. So I think this is a very crude measure of neurodevelopment."

In other words, both the Seychelles and Faroe Islands studies tell us nothing about the actual development of these children's brain function except that they reached the most basic of milestones. To put this another way, your child may be able to stack blocks, recognise shapes and have basic language skills, but later in life could be significantly impaired when it came to higher mathematics, more advanced language skills (comprehension) and ability to compete in a very competitive intellectual environment, like college or advanced schooling. The child's future would be limited to the more mundane and intellectually limited jobs.

Post-natal brain development—that is, from birth to age six or seven—involves the fine-tuning of synaptic connections, dendritic development and neural pathway refinement, all of which prepare the brain for more complex thinking. These brain elements are very sensitive to toxins and excessive immune stimulation during this period. This is never mentioned at this conference.

It also must be remembered that the children in these two studies were exposed only to methylmercury and not the combined neurotoxic effect of mercury, aluminium and excessive

"If it weren't for the fact that the asteroid is going to destroy all life on Earth as we know it, I could build a lucrative swath of aged-care high-density townhouses on it."

and chronic activation of the brain's immune system (microglia). This is what makes it so incredible that several of these "vaccinologists" and so-called experts would express doubt about the "biological plausibility" of thimerosal or any vaccine component causing neurodevelopmental problems. The medical literature is exploding with such studies. The biological plausibility is very powerful.

Mercury, for example, even in low concentrations, is known to impair energy production by mitochondrial enzymes. The brain has one of the highest metabolic rates of any organ, and impairment of its energy supply, especially during development, can have devastating consequences. In addition, mercury, even in lower concentrations, is known to damage DNA and impair DNA repair enzymes which, again, play a vital role in brain development. Mercury, even in very low concentrations, is known to impair neurotubule stability. Neurotubules are absolutely essential to normal brain cell function. Mercury activates microglial cells, increasing excitotoxicity and brain free-radical production as well as lipid peroxidation—central mechanisms in brain injury. In addition, even in doses below those which can cause obvious cell injury, mercury impairs the glutamate transport system, which in turn triggers excitotoxicity—a central mechanism in autism and other neurological disorders. Ironically, aluminium also paralyses this system.

On page 228 we see another admission that the government has had no interest in demonstrating the safety of thimerosal-containing vaccines, despite the existence of over 2,000 articles showing the harmful effects of mercury. Here we see a reference to the fact that the FDA "has a wonderful facility in Arkansas with hundreds of thousands of animals" available for any study needed to supply these answers on safety. The big question to be asked is why the government has ignored the need for research to answer these questions concerning thimerosal safety. You will recall that at the beginning of the conference the participants complained that there are just so few studies or no studies concerning this "problem".

Again, Dr Robert Brent rails about the lawsuit problem (page 229). He tells the others that he has been involved in three lawsuits related to vaccine injuries leading to birth defects, and concludes: "If you want to see junk science, look at those cases..." He then complains about the type of scientists testifying in these cases. He adds: "But the fact is those scientists are out there in the United States." In essence, he labels anyone who opposes the "official policy" on vaccines as a "junk scientist". We have seen in the discussion who the junk scientists really are.

Knowing that what they have found can cause them a great deal of problems, Dr Brent adds (page 229): "The medical/legal findings in this study, causal or not, are horrendous... If an allegation was made that a child's neurobehavioural findings were caused by thimerosal-containing vaccines, you could readily find a junk scientist who will support the claim with a reasonable degree of certainty." He then admits that they are in a bad position because they have no data for their defence. Now, who are the junk scientists?

Are "real scientists" ones who have no data, just wishful thinking and a "feeling" that everything will be alright? Are real scientists the ones who omit including recognised experts on the problem in question during a conference because this might endanger the "program"? Or are they the ones who make statements that they don't want their grandson to get thimerosal-containing vaccines until the problem is worked out, but then tell millions of parents that the vaccines are perfectly safe for their children and grandchildren?

Dr Martin Myers puts it this way (page 231): "My own concern, and a couple of you said it, [is] there is an association between vaccines and outcomes that worries both parents and pediatricians." He cites other possible connections to vaccine-related neurobehavioural and neurodevelopmental problems including the number of vaccines being given, the types of antigens being used and other vaccine additives.

Dr Caserta tells the group that he attended the aluminium conference the previous year and learned that often a metal could act differently in biological systems than as an ion. This is interesting in the face of the finding that fluoride when combined with aluminium forms a compound that can destroy numerous hippocampal neurons at a concentration of 0.5 ppm in drinking water. It seems that aluminium readily combines with fluoride to form this toxic compound. With over 60 per cent of communities having fluoridated drinking water, this becomes a major concern.

It has also been learned that fluoroaluminium compounds mimic the phosphate compounds and can activate G-proteins. G-proteins play a major role in numerous biological systems, including endocrine, and in neurotransmitter function as cellular second messengers. Some of the glutamate receptors are operated by a G-protein mechanism.

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Damage control

Over the next 10 to 15 pages, they discuss how to control this information so that it will not get out—and, if it does, how to control the damage. On page 248, Dr John Clements has this to say: "But there is now the point at which the research results have to be handled, and even if this committee decides that there is no association and that information gets out, the work has been done and through the freedom of information [lawsuits] that [information] will be taken by others and will be used in other ways beyond the control of this group. And I am very concerned about that, as I suspect that it is already too late to do anything regardless of any professional body and what they say."

In other words, he wants this information kept not only from the public but also from other scientists and paediatricians until they can be properly counselled. In the next statement, he spills the beans as to why he is determined that no outsider get hold of this damaging information. He says: "My mandate as I sit here in this group is to make sure at the end of the day that 100,000,000

are immunized with DTP, Hepatitis B and if possible Hib, this year, next year and for many years to come, and that will have to be with thimerosal-containing vaccines unless a miracle occurs and an alternative is found quickly and is tried and found to be safe."

This is one of the most shocking statements I have ever read or heard. In essence, he is saying that he doesn't care if the vaccines are found to be harmful and destroy the development of children's brains; these vaccines will be given now and forever. His only concern by his own admission is to protect the vaccine program, even if it is not safe. Dr Brent refers to this as an "eloquent statement".

On page 253, we again see that these scientists have a double standard when it comes to their children and grandchildren. Dr Rapin raises the point about a loss of an IQ point caused by thimerosal exposure. She asks: "Can we measure the IQ that accurately, that this one little point is relevant?" Then she answers her own question by saying: "Even in my grandchildren, one IQ point I am going to fight about." Yet they are saying in unison, in essence, "To hell with your children" to the rest of America.

It is also interesting that they bring up the history of lead as a neurobehavioural toxin. Dr Weil notes that the neurotoxicologists and regulatory agencies have lowered the acceptable level from 10 to 5 μg. In fact, some say that even lower levels are neurotoxic to the developing brain. Before the toxicologists began to look at lead as a brain toxin in children, most "experts" had assumed it was not toxic even at very high levels. Again, it shows that the "experts" can be wrong and it is the public who pays the price.

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Dr Bob Chen expresses his concern about this information reaching the public. He remarks (page 256): "We have been privileged so far that, given the sensitivity of information, we have been able to manage to keep it out of, let's say, less responsible hands..." Dr Bernier agrees and notes: "This information has been held fairly tightly." Later he calls it "embargoed information" and "very highly protected information".

That they knew the implications of what they had discovered is illustrated by Dr Chen's statement on page 258, where he says: "I think overall there was this aura that we were engaged in something as important as anything else we have ever done. So I think that this was another element to this that made this a special meeting."

You may remember, Dr Weil emphasised that the data analysis left no doubt that there is a strong correlation between neurodevelopmental problems and exposure to thimerosal-containing vaccines. So if they understood the importance of this finding and this was the most important thing they have ever dealt with, why was this being kept from the public? In fact, it gets even worse.

Just so you will not doubt my statement that this audience of experts was not objective, I give you the words of Dr Walter Orenstein, Director of the National Immunization Program at the Centers for Disease Control (CDC) on page 259. He tells the group: "I have seen him [Verstraeten] in audience after audience deal with exceedingly skeptical individuals..." "Exceedingly skeptical individuals": does that sound like objective scientists who wanted to look at the data with a clear mind, or scientists who were convinced before the meeting was held that there was no danger to children from thimerosal or any other vaccine component?

In one of the closing remarks, Dr Bernier says (page 257): "The other thing I was struck by was the science"—meaning the science expressed by the attendees of the meeting. Then Dr Orenstein adds: "I would also like to thank Roger Bernier who pulled off this meeting in rather short notice..."

Here is a meeting that has been called one of the most important they have ever dealt with, and we learn that it was pulled off at short notice. In addition, we are told that the results of this meeting would lead to eventual vaccine policy.

Dr Orenstein then has the nerve to add: "In a sense this meeting addresses some of the concerns we had last summer when we were trying to make policy in the absence of a careful scientific review. I think this time we have gotten it straight."

Well, I hate to be the one to break the news, but he didn't get it straight. There was little or no science in this meeting; rather, it was composed of a lot of haggling and nitpicking over epidemiological methodology and statistical minutiae in an effort to discredit the data, without success. In fact, the so-called mercury experts admitted they had to do some quick homework to refresh their memories and learn something about the subject.

CONCLUSIONS

This top-secret meeting was held to discuss a study done by Dr Thomas Verstraeten and his co-workers using Vaccine Safety Datalink data as a project collaboration between the CDC's National Immunization Program (NIP) and four HMOs (health maintenance organisations). The study examined the records of 110,000 children. Within the limits of the data, they did a very thorough study and found the following:

1. Exposure to thimerosal-containing vaccines at one month was associated significantly with the "misery and unhappiness disorder" that was dose related; that is, the higher the child's exposure to thimerosal, the higher the incidence of the disorder. This disorder is characterised by a baby that cries uncontrollably and is fretful, more so than is seen in normal babies, i.e., without known neurological injury.

2. A nearly significant increased risk of ADD with 12.5 μg exposure at one month.

3. With exposure beginning at three months, an increasing risk of neurodevelopmental disorder with increasing exposure to thimerosal. This was statistically significant and included speech disorders.

It is important to remember that the control group did not comprise children without thimerosal exposure, but rather those at 12.5 μg exposure. This means that there is a significant likelihood that even more neurodevelopmental problems would have been seen had they used a real control population. No one disagreed that these findings are significant and troubling. Yet when the final study was published in the journal *Pediatrics*, Dr Verstraeten and co-workers reported that no consistent associations were found between thimerosal-containing vaccine exposure

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and neurodevelopmental problems. In addition, he lists himself as an employee of the CDC, not disclosing the fact that at the time the article was accepted he worked for GlaxoSmithKline, a vaccine manufacturing company.

So how did they do this bit of prestidigitation? They simply added another HMO to the data, the Harvard Pilgrimage. Congressman Dave Weldon noted in his letter to the CDC Director that this HMO had been put into receivership by the state of Massachusetts because its records were in shambles. Yet, this study was able to make the embarrassing data from his previous study disappear. Attempts by Congressman Weldon to force the CDC to release the data to an independent researcher, Dr Mark Geier—a researcher with impeccable credentials and widely published in peer-reviewed journals—have failed repeatedly.

It is obvious that a massive cover-up is in progress, as we have seen with so many other scandals—fluoride, food-based excitotoxins, pesticides, aluminium and now vaccines. I would caution those critical of the present vaccine policy not to put all their eggs in one basket—that is, with thimerosal as being the main culprit. There is no question that it plays a major role, but there are other factors that are also critical, including aluminium, fluoroaluminium complexes and chronic immune activation of brain microglia.

In fact, excessive, chronic microglial activation can explain many of the effects of excessive vaccine exposure—as I point out in two recently published articles. One property of both aluminium and mercury is microglial activation. With chronic microglial activation, large concentrations of excitotoxins as well as neurotoxic cytokines are released. These have been shown to destroy synaptic connections and dendrites and cause abnormal neural pathway development in the developing brain as well as in the adult brain.

In essence, too many vaccines are being given to children during the brain's most rapid growth period. Known toxic metals are being used in the vaccines, which interfere with brain metabolism and antioxidant enzymes, damage DNA and DNA repair enzymes and trigger excitotoxicity.

Removing the mercury will help, but will not solve the problem because overactivation of the brain's immune system will cause varying degrees of neurological damage to the highly vulnerable developing brain. ∞

About the Author:

Board-certified neurosurgeon Dr Russell Blaylock has practised neurosurgery for the past 26 years and runs a successful private nutritional practice. He serves on the editorial staff of the *Journal of the American Nutraceutical Association* and on the editorial board of the *Journal of American Physicians and Surgeons*, the official journal of the Association of American Physicians and Surgeons. Dr Blaylock's first book, *Excitotoxins: The Taste That Kills*, demonstrated the link between food additives and degenerative diseases. He has also contributed to three medical textbooks and written and illustrated booklets on multiple sclerosis and bioterrorism. He is also the author of two recently released books, *Health and Nutrition Secrets That Can Save Your Life* and *Natural Strategies for Cancer Patients*. His article, "Excitotoxins: Dangerous Food Additives", was reprinted in NEXUS 7/04–05. Dr Blaylock can be contacted via his website, http://www.russellblaylockmd.com.